ENTRY FORM - MOST OUTSTANDING HOSPITAL AWARD

MOST OUTSTANDING HOSPITAL – ENTRY FORM
Name of Member Hospital (include complete address and contact number):
Name of Medical Director, or equivalent:
Chapter:
Regional Council:
Government/Private (select one) [] Government [] Private Classification (select one) [] Infirmary [] Level 1 [] Level 2 [] Level 3
Member of good standing
IMPORTANT NOTE: Please attach documents/pictures to support your entry
I hereby certify to the best of my knowledge that the above information given are true and correct.
SIGNATURE OVER PRINTED NAME DATE

Please submit to your respective CHAPTER PRESIDENT

For the MOST OUTSTANDING HOSPITAL AWARD, this includes (but is not limited to) as follows:

- Corporate Social Responsibility (private) / Community Work (government)
- Excellence in Governance
- Accreditations
 - o ISO
 - QMS
 - Awards/Distinctions received
- Other Criteria (please refer to attached copy of Criteria and Point System)
 - Training of Hospital Staff
 - Use of Innovative Technology
 Accountability

 - o Establishment of a managed care system
 - o Development of an effective communication strategy
 - o Identification of vulnerable areas
 - Infection Control
 - > Waste Management
 - > Patient Satisfaction
 - Patient Safety
 - o Community-based activities
 - o Oversight of important documents
 - Adoption of health technology assessment (HTA)
 - o Reform towards health systems that are more resilient, people-centered and sustainable